

glottis; 5, crico-thyroideus muscle; 6, crico-arytenoideus lateralis; 7, thyro-arytenoideus; 8, aryteno-epiglottidei; 9, inferior part of the crico-thyroid membrane; 10, 10, capsular articulation of the inferior cornu of the thyroid cartilage with the cricoid.

Fig. 2.

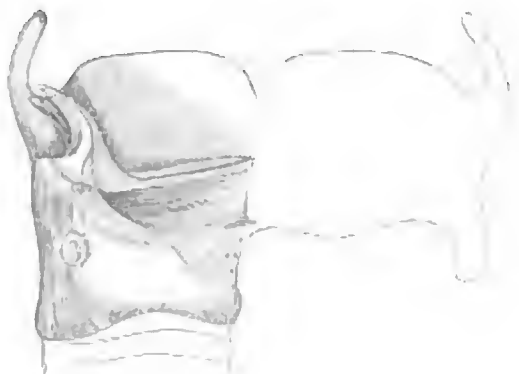


Fig. 2. Represents a lateral view of the crico-thyroid membrane.

Since writing the foregoing, I have seen the fifth volume of the *Encyclopédie Anatomique*, 1845, lately received in this country, in which I notice, on page 224, the following observation: V. Fibres élastiques. Un faisceau de fibres élastiques rayonnantes part de l'angle du cartilage thyroïde, entre les cordes vocales; ces parties antérieure et aux parties latérales du bord supérieur du cartilage cricoïde, sautent ensuite sur l'articulation crico-aryténoïdienne, et s'insèrent à l'angle antérieur et au bord du cartilage aryténoïde. Elles entourent aussi les ventricules, pour monter vers les ligaments thyro-aryténoïdiens supérieurs, et trouvent des faisceaux de renforcement dans le ligament thyro-cricoidien moyen et les cordes vocales. LATTE, *Remarques sur la Structure du Larynx et de la Trachée Artère*. (*Mem. de l'Acad. Roy. de Méd.*, Paris, 1835, t. iv. p. 95.)

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ART. XI.—*Case of Congenital Inability to raise the Upper Eyelid cured by operation.* By CHAS. A. HALL, M. D., of Burlington, Vermont.

JOHN S. LANDING, of South Island, Lake Champlain, consulted me, Feb. 1st, 1846, with reference to his son, a lad five years old, who had been troubled from his birth with an inability to raise the upper lid of the right eye sufficiently to admit rays of light through the pupil. This was productive of considerable deformity, aside from the habit which he had contracted of carrying the head backward and to one side, to enable him to see with that eye. After consulting with my father, Charles Hall, M. D., I informed him that the best chance of cure would result from an operation which I described to him. As the operation appeared quite simple, and would be attended with little or no danger to the eye, he readily consented to have it performed. Accordingly, Feb. 7th, he brought the boy to our

office and I performed the operation, assisted by my father, in the following manner. After raising as large a fold of the integument of the lid as could be conveniently held between a pair of common forceps placed across the lid transversely, I excised the included portion with a pair of curved scissors. The space intervening between the cut edges was about three-fourths of an inch in width at its central point. The edges were brought in apposition and retained by three points of the interrupted suture. Three weeks after the operation I saw the lad, and found that the wound had healed by first intention, and the only scars perceptible were three small ones produced by the sutures. He has now perfect control over this lid, using it as freely as he does that of the other eye.

BURLINGTON, VERMONT, *April 13th, 1846.*

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ART. XII.—*Case of Placental Presentation.* By GEORGE N. BURWELL, M. D., of Buffalo, N. Y.

MARGARET M'GUIRE, Irish, aged 21 years, mother of two children, sent for me Tuesday morning, October 7th, 1845, represented to be in labour and flooding. I learned she had had a turn of flooding four or five weeks before, which was very profuse, and she sent then for one of our Dutch doctors, who told her it was caused by her lifting a heavy child. She thinks she lost several quarts of blood before it was arrested. From that time until Sunday night, Oct. 5, there was continued slight hemorrhage. On Sunday night there was another large gush of blood; but little during Monday. On Monday night, Oct. 6, it was again very free, amounting, she said, to at least two or three quarts. Her clothes and the bed were completely soaked in blood. On Monday night there was pain for the first time, which she thought to be the commencement of labour. Her full time would have been up, according to her reckoning, Oct. 9th, two days after I was called to her. She had had for two months a pain across and over the pubes, which made all walking painful; and she could never go far without an uncontrollable desire to urinate. She had not been able to do any work of consequence for six or eight weeks.

I found her without pain; face and skin generally pale, and of a waxen tint; eyes dull, with a dark circle around them; lips and nails purplish; skin generally relaxed, and covered with a cold perspiration; which, as turns of faintness came on, would increase until it stood in drops on her forehead and lips; pulse 128 to 132, regular, but very soft and compressible; no thirst; her general appearance, as she lay on her bed was languid and abandoned; she complained of turns of great indistinctness of objects about her, of some flushes of heat over her, and still more of a sense of chilliness along the spine. I found the os uteri one and a half or two inches in diameter, and yielding; the placenta three-fourths or four-fifths over it; leaving an opening between it and the anterior lip of the uterus, through which I could feel the head, but not the sutures; membranes entire; coagula in the vagina; but little hemorrhage at the time. I left her for a short time to call my father in counsel, enjoining perfect rest. He ruptured the membranes on his first examination; the waters escaped very slightly tinged with blood, and with two or three light pains, during one of which she nearly fainted; indeed she herself and her friends thought for